



# NANOS

# Patient

# Brochure

## Eyelid Myokymia

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## **Eyelid Myokymia**

Eyelid myokymia is a very common condition that many people have experienced at least briefly at one time or another, though the exact prevalence is not known. Myokymia is characterized by involuntary fine contractions or “twitching” of the eyelids. It typically starts with just one eye but can be present in both, though not usually at the same time. It can affect either lid but the lower lid is most typical. Lid myokymia is a benign and self-limited condition. This means that it is not associated with other neurologic disorders and that it typically resolves without intervention.

### **Symptoms**

Individuals with eyelid myokymia experience sporadic jumping or twitching of one of their lids. It can occur at any age. The duration can vary from a few seconds to sustained twitching for several days. More unusually it can persist for weeks or months at a time. It is often associated with fatigue, stress or excessive caffeine intake.

If twitching involves other facial muscles in addition to the eyelids, other neurologic conditions should be considered. These other disorders include hemifacial spasm, essential blepharospasm, tic, facial myokymia or facial nerve palsy with synkinesis.

### **Diagnosis**

The diagnosis is made by careful observation of the fine asynchronous contractions of the eyelid muscle. It is typically on one side and more commonly of the lower lid. In typical cases neuro-imaging or other ancillary testing is not necessary.

### **Prognosis**

Most commonly this condition resolves after several days without intervention.

### **Treatment**

Reassurance and avoidance of possible precipitating factors (fatigue, stress, caffeine) are usually sufficient. The twitching can be effectively treated with botulinum toxin injected into the affected lid but such intervention is rarely needed.

### **Frequently Asked Questions**

#### ***Is my eyeball shaking?***

Rarely the contractions of the eyelid can be of sufficient amplitude to actually move the eye although typically they do not. If this occurs one may notice their visual world actually shaking, and should make sure the diagnosis is accurate (made by a qualified professional) and not confused with other disorders involving eye movements.

#### ***Do I need an MRI of my brain?***

In most cases neuro-imaging is unnecessary.

***Do I need treatment?***

Only if the movements are bothersome to you.

***When do I need to see the doctor again?***

If movements seem to spread to involve more than just the lid, if the movements are interfering with activities you need or want to do, if you feel like your vision is being affected or there is “shaking” in your vision.